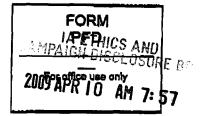
Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073





## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

| Personal Financial Disclosure Statement  |
|--|
| Name: Kelly J Brookie  Please type or print legibly  |
|  |
| Agency or department: <u>DHS-GRQ</u> Position held: <u>Inferim Superintendent</u>  |
| Statewide office sought (non-incumbent candidates only):   |
| This statement is for Calendar Year 20 0 %. Check if this is an amended statement.   This statement is required to cover the calendar year preceding the year the report is due.   |
| General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.  |
| Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.   |
| 1  |
| Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here. |
| 1. Securities. List any company in which you owned securities  |
|  |
| 1  |
| <u> </u>   |

|           |  | posit or savings accor                         |                       | vition you received attitual Gross               |
|-----------|--|--|-----------------------|--|
|           | ,  |  |                       |  |
|           | <del></del>                                | <del></del>                                    |                       |  |
|           |  |  |                       | · . · · · · · · · · · · · · · · · · · ·          |
|           |  |  |                       |  |
| Trusts.   | State the nature or t                      | ype of the trusts.                             |                       |  |
|           |  |  |                       |  |
|           |  |  |                       |  |
|           |  |  |                       |  |
|           |  | of real estate interestry. Do not list the loc |                       | erest from which income was<br>legal description |
|           |  | ······································         |                       | ·- <del></del>                                   |
|           |  |  |                       |  |
|           | <del>.</del>                               |  |                       |  |
| Retiren   | nent Systems. List                         | the name of the empl                           | oyer/sponsor of ar    | ny retirement benefit system.                    |
|           |  |  |                       |  |
|           |  |  |                       | <u> </u>   |
|           |  |  | <del></del>           |  |
| Sales to  | political subdivision mmission from the se | ons. List any sales of ale was received.       | a good or service     | to a political subdivision of the                |
|           |  |  |                       |  |
|           |  |  |                       |  |
|           |  |  |                       |  |
| Other.    | List other sources of                      | annual gross income                            | not reported above    | e that were reported for tax                     |
|           |  |  |                       |  |
|           |  |  |                       |  |
|           |  |  |                       |  |
| art C.    | Certified Signatur                         | e.   |                       |  |
| T ce      | ertify that this statem                    | ent is true and accura                         | te to the best of n   | y knowledge. I understand that                   |
| am sublec | et to potential civil ar                   | d criminal penalties for                       | or failing to file an | accurate statement or for failing                |
| file this | statement by the requ                      | uired due date.                                | _                     |  |
|           | •  | ~  |                       |  |
|           | Why B                                      | node   |                       | 4/9/09   |
|           | (C)  | filing statement)                              | σ                     | Date)  |